

CMFO Certification Application

Date Submitted 1/14/11

Date Approved 1/14/11

Status Approved

Date Rejected

Applicant - Personal Information

<u>Applicant's Legal Name</u>	Tonya P. Steelman		
<u>Applicant's Display Name</u>	Tonya Poole Steelman		
<u>Date of Birth</u>	11-22-1980		
<u>Home Address</u>	106 Louse Creek Road		
<u>Home City</u>	Mulberry		
<u>Home State</u>	TN	<u>Home Zip</u>	37359
<u>Home Phone</u>	931-703-1771	<u>Home Email</u>	tp_steelman@msn.com

Education

<u>High School Name</u>	Lincoln County High School
<u>High School Address</u>	1233 Huntsville Highway, Fayetteville, TN 37334
<u>From Date</u>	August 1996
<u>To Date</u>	May 1999
<u>Graduated?</u>	Yes
<u>High School Equivalency?</u>	No
<u>Attachment</u>	
<u>Attachment Description</u>	
<u>College Name</u>	Middle Tennessee State University
<u>College Address</u>	1301 East Main Street, Murfreesboro, TN 37132-0001
<u>From Date</u>	August 2001
<u>To Date</u>	December 2003
<u>Graduated?</u>	Yes
<u>Degree/Major</u>	Bachelor of Business Administration - Accounting
<u>Relevant courses</u>	

Professional Certifications

<u>Certificate Name</u>
<u>Certificate Number</u>
<u>Certification Date</u>
<u>Certification File</u>

Employment History

<u>Employer Name</u>	City of Shelbyville		
<u>Employer Phone</u>	931-684-2691		
<u>Employer Address</u>	201 North Spring Street, Shelbyville, TN 37160		
<u>Supervisor</u>	Gary Cantrell		
<u>Job Title</u>	City Accountant		
<u>Start Date</u>	July 2005	<u>End Date</u>	February 2007
<u>Service Years</u>	1	<u>Service Months</u>	8

<u>Employer Name</u>	Winnett Associates, PLLC		
<u>Employer Phone</u>	931-684-7142		
<u>Employer Address</u>	514 Elm Street, Shelbyville, TN 37160		
<u>Supervisor</u>	Marshall Lile		
<u>Job Title</u>	Staff Accountant		
<u>Start Date</u>	December 2001	<u>End Date</u>	July 2005
<u>Service Years</u>	3	<u>Service Months</u>	7

<u>Employer Name</u>	City of Fayetteville		
<u>Employer Phone</u>	931-433-6154		
<u>Employer Address</u>	110 Elk Avenue South		
<u>Supervisor</u>			
<u>Job Title</u>	Finance Director		
<u>Start Date</u>	four years	<u>End Date</u>	Current
<u>Service Years</u>		<u>Service Months</u>	

Disclaimer

I certify that my answers are true and complete to the best of my knowledge. You have my permission to contact any current or former employer, certifying or licensing body, or education institute to verify information provided by me. I understand that any information requested in this form (transcripts, experience verification, certification verification) must be received before my request can be processed.

☒ I have successfully completed all eleven (11) courses of the CMFO program and am requesting a certificate for the designation of CMFO